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BIBDATASHEET

CONFIRMATION NO. 8016

Bib Data Sheet

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|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER 09/509,449 | FILING DATE 03/28/2000 RULE | CLASS 435 | GROUP ART UNIT 1648 | ATTORNEY DOCKET NO. 594.352USWO |
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APPLICANTS

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 CHIHARU OHUE, SAITAMA, JAPAN;
 KUMIKO IIDA, SAITAMA, JAPAN; SHINTARO YAGI, SAITAMA, JAPAN;

** CONTINUING DATA *****
 This application is a 371 of PCT/JP99/04129 07/30/1999

** FOREIGN APPLICATIONS *****
 JAPAN 10-216094 07/30/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 06/21/2000

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|---|---|------------------------------|------------------------|----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY JAPAN | SHEETS DRAWING 2 | TOTAL CLAIMS 7 | INDEPENDENT CLAIMS 1 |
| Verified and Acknowledged | Examiner's Signature <i>[Signature]</i> Initials <i>2L</i> | | | | |

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TITLE
 METHOD FOR MEASUREMENT OF HEPATITIS C VIRUS

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| FILING FEE | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
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|--|---|----------------------------------|--|---|
| SERIAL NUMBER 09/509,449 | FILING DATE 03/28/2000 RULE - | CLASS 435 | GROUP ART UNIT 1643 | ATTORNEY DOCKET NO. 594.352USWO |
| APPLICANTS KATSUMI AOYAGI, SAITAMA, JAPAN; CHIHARU OHUE, SAITAMA, JAPAN; KUMIKO IIDA, SAITAMA, JAPAN; SHINTARO YAGI, SAITAMA, JAPAN; | | | | |
| ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/JP99/04129 07/30/1999 | | | | |
| ** FOREIGN APPLICATIONS ***** <i>19</i> JAPAN 10-216094 07/30/1998 | | | | |
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| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | INDEPENDENT CLAIMS 1 | | |
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| TITLE METHOD FOR ASSAYING HEPATITIS C VIRUS | | | | |
| FILING FEE RECEIVED 840 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input checked="" type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |